

School Health Advisory Committee

American Cancer Society, Room 224

2433A Ridgepoint Drive

Austin, TX 78754

January 18, 2001

10:15 a.m. to 2:30 p.m.

Committee Members Present:

Ruth Stewart, MS, R.N.C.S.
Michelle Smith
Alma Golden, M.D.
Ann Sims, M.D.
Cathy Harris, R.N., BSN

Ramón Orduño
Kathi Seay
Michael Hinojosa
Tommy Fleming, Ph.D.
Jenni Jennings
Jane Tustin

Staff Members Present:

Michelle McComb, R.N., BSN
Marion Stoutner, M.Ed.
Ruth Andersen, Ph.D.

Lee Johnson
Diane Montoya

Guests/Speakers:

Mike Hill, Associate Vice President for Prevention, American Cancer Society
Pam Burke, Texas Association of School Nurses
Philip Huang, M.D., MPH, Chief, Bureau of Disease, Injury and Tobacco Prevention, TDH

Begin Meeting, quorum present

- Review of amended agenda

Review/approval of minutes from previous meeting

- Committee approves minutes circulation

Introduction of visitors

- Pam Burke, TASN
- Ruth Andersen, School Health Program Administrator, TDH

Old business and information requests

1. Discussion of open meeting requirements of the committee as reported by Michelle McComb.
2. Cathy Harris produced data from her district collected through the School Health Services and Staffing Survey, which resulted in a school nurse in every campus of her district based on the following:
 - a. School nurses handling more than oral medications.
 - b. Services offered which extend the current mindset of the public's view of a school nurse.
 - c. Attention given to special needs kids and their daily routines.
3. Ruth Stewart reminded committee of possibility of sharing future SHAC meeting with Texas Comprehensive School Health Network (Network) staff meeting scheduled April 17-19, 2001.
 - a. Network specialists have info/views that would be useful for this committee to consider and discuss for possible recommendations.
 - b. Network Specialists must create School Health Advisory Councils, these councils can/will mirror SHAC.
 - c. Cathy Harris also pointed out that the specialists have a unique point of view since they represent locally and would be able to give a broader interpretation of what health services are lacking in the State of Texas.
4. Ms. Stewart again posed the question of moving the scheduled April 12th meeting to the 18th of April. Committee moved to have the April meeting moved to the 19th of April in order to coincide with the Texas Comprehensive School Health Network spring staff meeting.
5. Models of a coordinated school health program from other states.
 - a. Tommy Fleming was unable to bring Dr. Pat Cooper's model of a coordinated school health program for this meeting.
 - b. Mr. Fleming brought to the committee a letter of collaboration between TEA and TDH in regards to the Infrastructure grant that is being offered by the Center for Disease Control (CDC).
6. CDC offers each state two basic grants
 - a. The HIV Prevention grant, which every state receives, and
 - b. The Infrastructure grant that all states want, but only twenty-one states receive.
 - i. From our state, collaboration between TEA and TDH with a letter of intent will hopefully result in one year of technical assistance.

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- ii. This technical assistance will prepare TEA and TDH to apply for the actual grant to receive infrastructure funds.

- iii. States that do receive this grant are making tremendous strides in bringing health and education together,

Questions/Comments

- Ruth Stewart asked if TEA had to use a grant proposal and Mr. Fleming indicated that this is a letter of intent only.
- Kathi Seay inquired about TEA's definition of infrastructure versus the federal definition of infrastructure, whereas Mr. Fleming stated that this will deal with the dissemination of information, but the technical assistance will assist in determining what is required from CDC to fulfill the obligations of the infrastructure grant.
- Mr. Fleming also wanted the committee to know that on January 29, 2001, TEA will be informed of CDC's decision of technical assistance to the State of Texas.
- Mr. Fleming additionally pointed out that the State of Texas has several programs and activities that would only be complemented by receiving the infrastructure grant, such as the Coordinated Approach to Child Health (CATCH) program.
- Jane Tustin indicated that Connecticut and Rhode Island have implemented a working school health program and requested a brief overview of what the state coordinators are doing in these two states.
- Marion Stoutner stated that New Mexico, Massachusetts, and Washington are among many states meeting to give ideas at the State level as to what they are doing for their school health programs, and indicating that if federal money is received for school health programs, most likely there is better health education, broader coverage, and goals within the state.
- Mr. Fleming acknowledged that there have been problems in the past regarding monies received from CDC, which lead to a program review panel that in turn, scrutinized everything TEA does in health education.
- Michael Hinojosa interjected to the group that while employed in the El Paso area, when Texas gave the money back to CDC, the need for grants and funding in this area was so great; that the El Paso area wanted this funding.
- Dr. Golden identified the need to make sure everyone is conveying the same messages (from a school standpoint, clinics, the CDC, and state agencies) in regards to controversial issues that may arise.
- Cathy Harris also indicated that if the committee really wants to expand the into School Health Advisory Councils in the local communities, our hope would be to strengthen the local councils, ensuring that parents views are well represented, and to look at the entire health component. For instance, we would encourage that councils address age and risk factors, not just sexual activity. If we creatively support local advisory councils, then parents would realize that we are addressing issues at their level.
- Ruth Stewart sent a commendation to the agencies from the standpoint of the Committee and urged the staff to move forward in their endeavor.

School Health Program Update

Mission Statement

1. Marion Stoutner and Michelle McComb brought to the committee a working document that details goals and strategies for the committee to pursue. This document also gives the committee a Mission statement as found on the School Health Program Website which states the following:
"The School Health Advisory Committee will provide assistance to the Board of Health in their efforts to meet the health needs of school children, including health promotion and health services."
2. Lee Johnson provides the committee with a time to provide input or suggestions to the proposed mission statement of the SHAC.
3. Ruth Stewart suggested the verb tense to change to the present tense.
4. Kathi Seay suggested the terms "advise the board", versus "provides assistance", which is not approved by consensus.
5. Jane Tustin suggested "recommending assistance" versus "provides", which is not approved by consensus.

The statement will now read as follows:

"The School Health Advisory Committee provides assistance to the Board of Health in their efforts to meet the health needs of school children, including health promotion and health services."

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6. With no further suggestions or changes Dr. Golden motions the mission statement to stand, Michael Hinojosa seconds the motion. Ms. Stewart puts the revised mission statement to question. Members vote and through a consensus agreement adopt the mission statement as stated in the minutes of this meeting.

Goals

1. Discussion on the goals
 - a. Ms. Seay stated that the first product of the Interagency School Health Task Force was not what the Board of Health anticipated, and further inquired what then would the responsibilities of the committee?
 - b. Jane Tustin asserted that the committee not limit to one issue, but rather be broad in approach.
 - c. Ms. Seay then indicated that the committee, after examining the data (School Health Services and Staffing survey) needs to make sure that we recommend according to the parameters that have been given to the committee as assigned.
2. Dr. Golden then proposed four goals for the group to consider:
 - a. Review status of school services in Texas
 - b. Develop and recommend standards of School Health Services
 - c. Promote coordination of health services and health promotion in Texas Schools.
 - d. Monitor quality of service and encourage standards of compliance for funding.
3. Mr. Fleming insisted that health services were needed desperately in Texas. He could agree with these bullets much more than the previous version.
4. Ms. Harris suggested a bullet to read, "To promote coordinated school health to improve the health and academic of Texas School Children.
5. Ms. Stewart requested from the group if they could produce anything about proof of improving academics.
6. Group discussion resulted in a change to the first bullet now reading:
 - a. Review status of health services and health promotion activities in Texas schools.
7. Ms. Jennings indicated that the next bullet "Develop and recommend standards on school health services" should not be a goal for the committee, but rather a strategy.
8. Group discussion again altering the first bullet to read:
 - a. Assess the status of health services and health promotion activities in Texas Schools
9. Discussion then moves to the second bullet and third bullet to state the following:
 - a. Provide recommendations for effective school health services.
 - b. Promote the coordination of health services health promotion in Texas schools.
10. Further discussion reveals that an evaluation component may need to be introduced, in order to evaluate the impact the School Health Advisory Committee may have in Texas Schools.
 - a. Concerns were raised regarding false correlations about recommendations the committee makes and impact it has on school health.
 - b. Other concerns mentioned included the amount of variables that can or do impact school health.
 - c. Other committee members suggested continuing to assess the progress of school health in the state.
 - d. Program staff stated that this committee was designated as an advisory group where a record of progress is not necessary, and that this part of the historical aspect of an advisory committee.
 - e. Committee members further discussed that knowing what works and what does not work, through recommendations, is an integral portion of an advisory committee.
11. Backtracking to the agenda item, three goals have been accepted through a consensus of the committee.
12. Ms. Stewart indicated to the program staff that an assignment from the committee is due at the next scheduled meeting in which staff will be responsible for organizing the bullets and strategies under the bullets.

Presentation of Legislative viewpoints from the American Cancer Society by Executive Vice-President, Mike Hill.

During the current session of the Texas Legislature, organizations like the American Cancer Society (ACS) are tracking or actively following bills which are related to school health. Organizations like ACS are mobilizing themselves as advocates for issues that are critical to children in Texas. Texas Association of Health, Physical Education, Recreation and Dance (TAHPERD), the Texas Medical Association (TMA), and others have all been part of a collaborative group looking at issues, which affect or improve school health. They have put together legislative recommendation to request additional funds be set aside for the CATCH program. An actual budget has also been submitted asking for over three million dollars and includes the elementary schools. This coalition supports and justifies asking for the monies for this endeavor. This is not a bill; the money will actually be budgeted through the Texas Department of Health. The only question is how this is going to work, and one key is to have the support of legislators, of which the Texas Medical Association is taking the lead.

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Mr. Hill reviewed the handout to the committee indicating that the next item of discussion is a summary of bill items put into Texas. The coalition has requested that the allocation of the Tobacco settlement dollars have been prepared for use in tobacco prevention in schools, we want to make sure that there is a better use for these monies. Data will soon be released for pilot studies, and results are pretty good. We have the data and good information, but unless we have constituents supporting that there is a better use for this money, then the request won't be any good.

The next item is House Bill (HB) #814, regarding comprehensive school health. This was originally submitted by Representative Garnett Coleman. This broadens the focus of the health education advisory council to all health related topics, rather than just human sexuality. The changes would also provide an incentive for communities to have School Health Advisory Councils by adding this to the district's accreditation rating by TEA.

Further adding to the bills ACS and the coalition is tracking is Senate Bill 19 (SB 19), which involves schools improving the level of daily physical activity that kids are involved in. This would help ensure that children in schools would be provided daily physical activity, but this is an unfunded bill. A funded bill that is also being tracked is one that is called the school health index. It has been really strong and assesses the physical and nutritional activity of children. There are also reports of a brand new tobacco addition of the school health index, which has yet to be released.

Q) Kathy Seay asked which legislators are going to handle the requesting of additional funds.

A) Mr. Hill indicated that some staff of the Texas Medical Association would help facilitate the gathering of representatives, also giving an answer to Ms. Jennings question about who chaired the coalition.

Q) Ms. Jennings then asked what the CATCH program was.

A) Mr. Hill reported that it initially was developed as a curriculum to address cardiovascular disease, but has since developed to be a much broader program, adding that this was once piloted in Austin.

- Tommy Fleming also added that CATCH was unanimously adopted as a diabetes prevention mechanism, with components of parental involvement, food service, Physical Education, and health education. It was an all around coordinated effort.

- Mr. Hill stated that this program demonstrated results in the beginning for what we hope to bring to the children of Texas.

Q) Kathi Seay questioned what about this program couldn't be done at the local level.

A) Mr. Hill answered that it actually could be done without getting the three million dollars and at the local level, but the effort is to get more incentives for districts to take this program on, if good solid data can be found, to prove that school health can make a difference. Mr. Hill went further by discussing what has been happening in the El Paso regions, with Paso Del Norte contributing to underwrite the implementation of CATCH for that area, which yielded tremendous success for these communities.

Q) Jane Tustin inquired if there was any data available for review from the Austin pilot of the CATCH program or any from the El Paso region.

A) Mr. Hill stated that the El Paso region has actually just started implementation, but the involvement and process of implementation has been real pleasing.

- Marion Stoutner also added to Mr. Hill's presentation that from the pilot in Austin, three years afterwards, children are still making better choices regarding nutritional value and physical activity.

- Mr. Hill stated the CDC would have the original results from the pilot programs.

- Tommy Fleming then offered to get the results from the original pilots from the CATCH program staff, Peter Cribb of the University of Texas Health and Science division.

Q) Dr. Golden inquired as to why language was stricken from the original bill (HB 814).

A) Mr. Hill stated that language was not actually taken from the bill, but rather shifted around from one section to another. This is to clarify and give more directions about who should be on the councils, and also involves enforcement criteria. Mr. Hill later added that the exact language is unknown at this point, being so early in the session, but that is the reason why ACS is tracking this particular bill.

Q) Ms. Seay inquired as to how legislators, ACS, and coalition propose to monitor the effectiveness of local school health advisory councils.

A) Mr. Hinojosa pointed out the Texas Education Agency already has in place a system of monitoring, called District Effectiveness & Compliance (DEC) visits, as well as Special Education monitoring visits.

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Legislative issues from the Texas Association of School Nurses (TASN) presentation, Pam Burke

TASN is active in a nursing legislative agenda coalition – Representative Dutton has an authored bill, which would establish the TDH SHAC, by law not just BOH rules, and would designate the SHAC as the body recognized to make school health recommendations. TASN has contacted Leticia Van de Putte within the Senate. He does not want to move forward without TDH/ SHAC support. There has to be a group that serves as the higher code when decisions are needed for direction. We could take American Association of Pediatrics and other organizations and compile them to come up with recommendations to the Board of Health.

Youth Risk Behavior Survey (YRBS) presentation, Dr. Philip Huang Chief, Bureau of Disease Prevention and Tobacco control.

Tommy Fleming began the presentation with background history of the YRBS. The YRBS is a survey for the 9-12th grade bracket that happens every odd year (i.e. 1991, 1993, etc.). It has been in existence for approximately ten years. The first test results for the State of Texas began for the years of 1991 – 1993. The results were handed out for Texas and were comparable statistics to those with the national survey. Then a group of people began to question the test (survey) format, unfortunately affecting the next survey year, with a return rate of 30%. Dr. Huang then stated that in 1988 the first youth tobacco survey was conducted, in anticipation of receiving tobacco funds, and were the basis of having data to compare with when money was received. There was a regional estimate (public health region), so each region became a survey area. Then contact was made with the program from CDC that handles the National YRBS, and essentially showed the public health regions that it could be done with minimal resources, and that the questions regarding the sexuality and drug format, could be altered to the Board of Education's preferences. We received a 27% response rate that year. This year he and his staff have been trying to coordinate activities with tobacco (activities?) does a national YRBS, and has sampled high schools across the country, with thirty schools participating in Texas. Currently, extra money has been given to contractors to get a better sample of Texas specific information, and compare with the National YRBS. The current contractor is MACRO for the Texas YRBS.

Q) Ruth Stewart inquired about the results of the survey, in conjunction with what the committee can take from it (direction).

A) It will give baseline data in order to disseminate CATCH within the state of Texas. It will help us address this issue for Texas. The data will help "sell" how big the problems (i.e. Type II diabetes, obesity, etc.) are, which will in turn be useful for future agendas.

Q) Ms. Stewart then asked what would be received in the long run.

A) It will set up for accountability, so five to ten years from now, we may be able to see if difference has been made.

Q) Dr. Golden asked if this wasn't reinforcing or normalizing bad behavior.

A) There will be a release of the pilot tobacco data, we also have a mobile van and peers are giving the messages, hopefully to reinforce lots of positive messages.

- In an attempt for assessment we over-surveyed, pointed out Cathy Harris.

Q) When will the results be ready for distribution?

A) We look to turn the results around fairly quickly; this is the first year to use this particular contractor.

Q) Dr. Golden inquired if dietary elements were going to be added.

A) Dr. Huang indicated that he was not sure how this compared, that instead they are always looking for people at the local level to complete the surveys.

Plus/delta activity

Adjourn



Ruth Stewart, MS, RNCS

Chair, School Health Advisory Committee